SIN SHOW	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	The state of the s		12 10 00	Page 1
FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Por OMB Co July 201	ontrol No. 3060-0985/OMB Control No. 3060-0819	, 456 1
<010>	Study Area Code	633201			
<015>		PUERTO RICO TEL CO)	50	
<020>	Program Year	2015		Reselved & Inspected	
<030>	Contact Name: Person USAC should contact with questions about this data	Inabel Gonzalez	عص	JUL = 1 2014	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7877066580 ext.		JOE # 1 5014	
<039>	Contact Email Address: Email of the person identified in data line <030>	igonzale@claropr.c	com	FCC Mail Room	
ANNUA	L REPORTING FOR ALL CARRIERS	, whi		54.313 54.422 Completion Completion Required Required (check box when complete)	
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	· · · · · · · · · · · · · · · · · · ·	
<200>	Outage Reporting (voice)		(complete attached worksheet)	1 1	
<210>	< check box if no	outages to report		· / ///////	
<300>	Unfulfilled Service Requests (voice) 3978 633201pr310.pdf			Management of the control of the con	
<310>	Detail on Attempts (voice)			1 Allen	
			(atta	ch descriptive document)	
<320>	Unfulfilled Service Requests (broadband) 3528			· / //////////////////////////////////	
<330>	Detail on Attempts (broadband) 633201pr330.pdf		**************************************	✓ ************************************	
	1		(att	ach descriptive document)	
<400>	Number of Complaints per 1,000 customers (voice)	- 1342 943	10-30-		
<410>	Fixed 171.0				
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broadba	and)			
<440>	Fixed 237.0				
<450>	Mobile 0.0 Service Quality Standards & Consumer Protection Ru	les Compliance	24 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
<500>	633201pr510.pdf	les compilatice	(check to Indicate certification)		
<510>			(attached descriptive docume	ent)	
<600>		The second	(check to indicate certification)	1 1	
	633201pr610.pdf		(attached descriptive document)		
<610>			(attached descriptive document)	101	
<700>	Company Price Offerings (voice)		(complete attached worksheet)		
<710>			(complete attached worksheet) (complete attached worksheet)		
<800>			(complete attached worksheet)	7 1	
	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<u> </u>	
<1000>	Voice Services Rate Comparability 633201pr1010.pdf		(check to indicate certification)		
<1010>			(attach descriptive document)	√ 111111.	
<1100>	Terrestrial Backhaul (Y/N)?		(if not, check to indicate certification)	✓ ////////////////////////////////////	
<1110> <1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	E. W. M. W. Mc Market	
	Price Cap Carriers, Proceed to Price Cap Additional D	ocumentation Wor			
	Including Rate-of-Return Carriers affiliated with Pric				::a
<2000>	ener seelen is Former vers in Fred Seelen hand regions access to 1974 and 1975 and 1976 and 1976 and 1976 and	in the second se	(check to indicate certification)		1
<2005>	Rate of Return Carriers, Proceed to ROR Additional D	ocumentation Wor	(complete attached worksheet)	A 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ //
<3000>	The street carriers, Freedown to NON Additional L	ocumentation wor	(check to indicate certification)	111111	/!
<3005>		No. C	(complete attached worksheet)	1888	
CV T. Planet		List ABC	50E 1000 077	Page	

	ervice Quality improvement Reporting illection Form		William of the	FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	No. 3060-0819
<010>	Study Area Code	633201		//	
<015>	Study Area Name	PUERTO RICO TEL CO		10.00	
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	ME		
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.			
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com			
<110>	Has your company received its ETC certification from the FCC?	(yes/no)	0		
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) C	0		
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a			
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne		Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets				
<114>	Report how much universal service (USF) support was received				
<115>	How (USF) was used to improve service quality				
<116>	How (USF)was used to improve service coverage				
<117>	How (USF) was used to improve service capacity				
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		(3)		

(200) Service Outage Reporting (Voice)		P. Park Control of the Control of th	FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB C	ontrol No. 3060-0819
			July 2013	

<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com

	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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H	36									7-		
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F												
L												
H					8000							
F												
L												
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-					- 1				1 1	7 7 7 7		

I I I I I I I I I I I I I I I I I I I	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	633201	
<015>	Study Area Name	PUERTO RICO TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	
<701> <702>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge		

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<01>	<b2></b2>	 b3>	 ch4>	<bs><bs></bs></bs>	<o></o>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
- 15						10000	£-1-4	
							- s-wr	
				See at	tached worksheet			
						-		
							- 107	
							971	
			(8)					1978
							763.4	
							- VARRA TO	

(710) Broadband Price Offerings. Data Collection Form		FCC FO OMB C July 20	ontrol No. 3060-0986/OMB Control No. 3060-0839
	622201		

<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com

gl)	₹82>	<b1> = 1</b1>	<b2></b2>	₹C>	<d1></d1>	<d2></d2>	<d3> 🔻 📜</d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (selec
	155							

			- See attac worksheet -	n o d				
			WOLKSHEEL -					
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	aswar.							
	Summer .							
		ara-spanie						

DESCRIPTION OF THE PROPERTY OF	erating Companies lection Form			FCC Form 481 QMB Control No. 3060-0986/QMB Control No. 3060-0819
<010>	Study Area Code	633201		
<015>	Study Area Name	PUERTO RICO	TEL CO	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonza	lez IBR	(84.2)
<035>	Contact Telephone Number - Number of person identified in data line <03	30> 7877066580 e	xt.	
<039>	Contact Email Address - Email Address of person identified in data line <0	30> igonzale@cla	ropr.com	
<810>	Reporting Carrier Puerto Rico Telephone Company		-	
<811>	Holding Company Telecomunicaciones de Puerto Rico, Inc.			LUADA A CANA
<812>	Operating Company			
<813>	বাচ		Ga25	S = <3>
	Affiliates		SAC	Doing Business As Company or Brand Designation
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39				

A CONTRACTOR OF THE PARTY OF TH	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
		Name of Attached Document
If your c	company serves Tribal lands, please select (Yes,No, NA) for each these boxes	

to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.

<922> Feasibility and sustainability planning;

<923> Marketing services in a culturally sensitive manner;

<924> Compliance with Rights of way processes

<925> Compliance with Land Use permitting requirements

<926> Compliance with Facilities Siting rules

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

<929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

	o Terrestrial Backhaul Reporting ection Form	And the second		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
010>	Study Area Code	633201		
<015>	Study Area Name	PUERTO RICO TEL CO		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	MAR	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	n	
1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)			
1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)			

Lifeline	erms and Condition for Lifeline Customers ection Form	100 g (100 100 g (100 g		FCC Form 481 OMB Control No. 3060-0986/OMB C July 2013	ontrol No. 3060-0819
<010>	Study Area Code		633201		
<015>	Study Area Name		PUERTO RICO TEL CO		W. W
<020>	Program Year		2015	70 - 32 - 33 - 342, 270 - 3142-2700 - 2704-270 - 3704-270 - 2704-270 - 2704-270 - 2704-270 - 2704-270 - 2704-2	
<030>	Contact Name - Person USAC should contact regarding this data	500	Inabel Gonzalez	use-	
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	7877066580 ext.	=	
<039>	Contact Email Address - Email Address of person identified in data I	ne <030>	igonzale@claropr.com		
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans Link to Public Website	НТТР	33201pr1210.pdf	Name of Attached Document	
or the we	neck these boxes below to confirm that the attached document(s), on line 1 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	.32	74.00		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	7			
<1222>	Details on the number of minutes provided as part of the plan,	/			
<1223>	Additional charges for toll calls, and rates for each such plan.	7			

Data Coll	ice Cap Carrier Additional Documentation lection Form Rate of Return Carners affiliated with Price Cap Local Exchange Carriers				FCC Form 481 OMB Control No. 3060 July 2013	0986/OMB Control No. 3060-0819
<010>	Study Area Code	633201				
<015>	Study Area Name	PUERTO RICO TEL CO				
<020>	Program Year	2015				The second way
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	JAR.			
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.				
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	THE SECOND			£
CHECK th	ne boxes below to note compliance as a recipient of Incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(c					nd Connect America Phase 1
	Incremental Connect America Phase I reporting					
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))					
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}					
<2012> <2013> <2014> <2015>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification					
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}					
<2016>	Certification Support Used to Build Broadband					
	Connect America Phase II Reporting (47 CFR § 54.313(e))					
<2017>	3rd year Broadband Service Certification					
<2018>	5th year Broadband Service Certification					
<2019>	Interim Progress Certification					
<2020>	Please check the box to confirm that the attached document(s), on I pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing receding calendar year.	ine 2021, contains the requi shall provide the number, n ng access to broadband servi	ired information ames, and ice in the			
<2021>	Interim Progress Community Anchor Institutions .		Names of A	Attached Document Listing	Described Information	

1000) Ra	to Of Return Carrier Additional Documentation	p FCC Form 481
ata Coll	oction Form	OM8 Control No. 3060-0986/OM8 Control No. 3060-0819
200		lúly 2013
Name and Address of the Owner, where the Owner, which is the Owner		According to the second of the
<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez
<039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	7877066580 ext.
MARKET D		
CHECK t		nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 he information reported on this form and in the documents attached below is accurate.
	Crt 4 34.323(1/2). Haither certify that the	te information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan	
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
(2014)	Please check this box to confirm that the attached document(s), on line 3	3012 contains the required information pursuant to
(3011)	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresoroviding access to broadband service in the preceding calendar year.	asses of community anchor institutions to which began
2	and the state of t	production of the second secon
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
()		
		Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)
(3014)	If yes, does your company file the RUS annual report	(Yes/No) IOO
Please	check these boxes to confirm that the attached document(s), on line 3017	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
(2016)	Telecommunications Borrowers)	oh Claus
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	sh Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual	
(2017)	report and all required documentation	
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to	
(3019)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
150431	Either a copy of their audited financial statement; or (2) a financial report in a for	ormat comparable to KUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows
(3021)	Management letter issued by the independent certified public accountant that p	performed the company's financial audit.
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
	contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	_
(3023)	Underlying information subjected to a review by an independent certified	
	public accountant	
(3024)	Underlying information subjected to an officer certification.	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Car	IST FIOWS
	I	
(3026)	Attach the worksheet listing required information	
		:
		Name of Attached Document Listing Required Information

A STATE OF THE PARTY OF THE PAR	tion - Reporting Carrier section Form	of	C Form 481 MB Control No. 3060-0986/OMB Control No. 3060-0819 ly 2018
<010>	Study Area Code	633201	
<015>	Study Area Name	PUERTO RICO TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	MIR.
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsit recipients; and, to the best of my knowledge, the Information rep	illities include ensuring the accuracy of the annual reporting requirements for universal service or the form and in any attachments is accurate.	e support
Name of Reporting Carrier: PUERTO RICO TEL CO		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/3	0/2014
Printed name of Authorized Officer: JUAN ZARPAN	Jan Safet	
Title or position of Authorized Officer: CONTROLLER - SUB DIRE	CTOR	
Telephone number of Authorized Officer: 7877926052 ext.		
Study Area Code of Reporting Carrier: 633201	Filing Due Date for this form: 07/01/2014	

\$100,000 A 100,000 A 100	son - Agent / Carrier.	FCC Form 481 OMB Control No. 3050-0986/QMB Control No. 3080-0819 July 2013
<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel GonzalezOMC_
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com

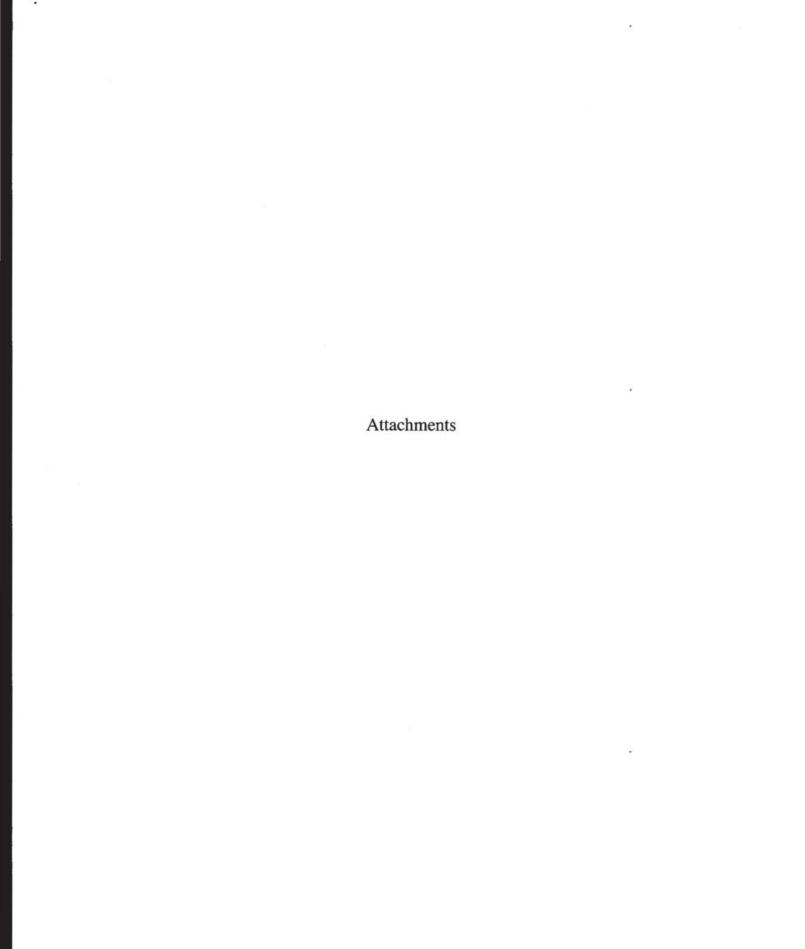
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; r agent; and, to the best of my knowledge, the reports an	Is authorized to submit the information reported on behalf of the reporting carrier sponsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized a provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	horized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
	ed to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided rting carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ag	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Page 13



(700) Price (Offerings in	cluding Voi	ce Rate Data
Data Collect		adii	100

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	633201
<015>	Study Area Name	PUERTO RICO TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<e3></e3>	<b1></b1>		<63>	- (<b4>-</b4>		(6)
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
PR	PRTC		FR	23.05	0.0	0.12	0.0	23.17
PR	PRTC		FR	21.05	0.0	0.11	0.0	21.16
PR	PRTC		FR	19.35	0.0	0.1	0.0	19.45
PR	PRTC		FR	17.35	0.0	0.09	0.0	17.44
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(710) Broadband Price Offerings Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	633201	
<015>	Study Area Name	PUERTO RICO TEL CO	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Inabel Gonzalez	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7877066580 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	igonzale@claropr.com	

<711>

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State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
PR	PRTC	19.99	0.1	20.09	512.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	19.99	0.1	20.09	1.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	24.95	0.12	25.07	2.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	35.99	0.18	36.17	3.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	39.95	0.2	40.15	4.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	59.95	0.3	60.25	5.0	512.0	0.0	Other, Unlimited Usage
PR	PRTC	84.95	0.42	85.37	5.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	95.0	0.48	95.48	8.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	99.0	0.5	99.5	10.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	119.0	0.6	119.6	16.0	1.0	0.0	Other, Unlimited Usage
PR	PRTC	129.0	0.65	129.65	20.0	3.0	0.0	Other, Unlimited Usage
PR	PRTC	139.0	0.7	139.7	30.0	3.0	0.0	Other, Unlimited Usage
PR	PRTC	149.0	0.75	149.75	50.0	4.0	0.0	Other, Unlimited Usage
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<010>	Study Area Code		633201	
<015>	Study Area Name		PUERTO RICO TEL CO	CONTRACTOR
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this data		Inabel Gonzalez	
<035>	Contact Telephone Number - Number of person identified in data line <030>		7877066580 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>		igonzale@claropr.com	
<810>	Reporting Carrier	Puerto Rico Telephone Company		
<811>	Holding Company	Telecomunicaciones de Puerto Rico, Inc.		
<812>	Operating Company			

813> <61>	<825 \$	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Tracfone Wireless, Inc.	633009	Tracfone
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